

NEIGHBORHOOD ASSISTANCE PROGRAM CONTRIBUTION NOTIFICATION FORM - H (CNF-H)

For Use by a **Pharmacist** Providing Pharmaceutical Services to a 501©3 Clinic at the direction of an approved organization or **Mediator** providing services at the direction of an approved organization that provides court referred mediation services between July 1, 2012 and June 30, 2013.

(SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

PART I. TO BE COMPLETED BY THE PHARMACIST/MEDIATOR (TYPE or PRINT ONLY)

<p>1. _____ Name</p> <p>2. _____ Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Telephone Number With Area Code</p> <p>3. Social Security #: _____</p>	<p>4. Date(s) of donated services to: from: ____/____/____ to: ____/____/____ (Actual date of donation / Beginning to ending date)</p> <p>5. Value of donated services: \$ _____ \$616 Minimum Donation (Attach Services Contribution Data Sheet)</p> <p>Note: The value of donated services cannot exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour.</p>
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NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor. The value of the tax credit is equal to 65% of the donation's value.

PART II CERTIFICATION BY PHARMACIST or Mediator

I certify that the value of the donated service(s) was determined by the standards stated in the instructions and does not exceed the statutory maximum. I also certify I will not receive any type of compensation or reimbursement for the donated service(s). I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.

Date

Signature of Donor Designee

PART III TO BE COMPLETED BY THE NAP ORGANIZATION (TYPE or PRINT ONLY)

I certify that the above pharmacist/mediator has made a donation of services at the direction of this organization and the listed value of the donation does not exceed the statutory limits. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

1. _____ 2. Project I.D. #: _____
(Organization Name as listed on Approval Certificate) (See Organization Approval Certificate)
3. Organization Address: _____ Phone #: _____
(Street, City, State, Zip Code) (Include Area Code)
4. Neighborhood Assistance Organization Approval Year: 07 / 01 / 2012 - 06 / 30 / 2013

Date

Signature of Neighborhood Assistance Organization Designee

INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM – H (CNF-H)

Specific Instructions:

PART I

Items 1-2: Name of pharmacist/mediator who made the donation, mailing address, and telephone number.

Item 3: Social Security number of donor.

Item 4: Enter the actual date or dates over which the services were donated. Date(s) of donation must occur within the same program approval year.

Item 5: Enter the value of donation:

As provided in the Code of Virginia, the value of such donated services rendered by a pharmacist or mediator shall not exceed the lesser of the reasonable cost for similar services from other providers or \$125 per hour. The value to be used for donated services must be agreed to by the donor and the NAP organization prior to the services being donated and documentation of the donation must be retained.

PART II Sign and date the certifications. Return the CNF with supporting documentation to the NAP organization.

General:

- Donations of pharmaceutical services must be made to a 501©3 clinic at the direction of an approved NAP organization with no strings attached and without any conditions or expectation of monetary or other benefits from the NAP organization.
- Donations of mediator services must be made at the direction of an approved organization that provides court referred mediation services with no strings attached and without any conditions or expectation of monetary or other benefits from the NAP organization.
- Discounted property (partial donations) and bargain sales are not allowable for NAP donations.
- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- The NAP organization must attach a copy of the Services Contribution Data Sheet for the donated services and submit it with the CNF-H. The Certification on the Services Contribution Data Sheet must be signed by the donor and attached to each spreadsheet. Retain a copy of all documentation in your files. Failure to do so may result in a donor's loss of the tax credit.
- For more information contact the NAP office at nap@dss.virginia.gov

NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.